



# LOS ANGELES COUNTY COMMISSION ON HIV

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Approved  
6/1/2015

## EXECUTIVE COMMITTEE SPECIAL MEETING MINUTES

December 11, 2014

MEMBERS PRESENT	MEMBERS PRESENT (cont.)	PUBLIC	COMM STAFF/ CONSULTANTS
Michael Johnson, Esq, Co-Chair	Jill Rotenberg	Kevin Donnelly	Uyen Kao
Ricky Rosales, Co-Chair	Terry Smith, MPA	Terry Goddard	Dawn McClendon
Aaron Fox, MPM	Fariba Younai, DDS	Carie Harter	Jane Nachazel
Grissel Granados, MSW	Richard Zaldivar	Miki Jackson	Yeghishe Nazinyan, MS, MD
Joseph Green		Rob Lester	James Stewart
AJ King, MPH		Abad Lopez	
Bradley Land	MEMBERS ABSENT	Michael Pitkin	
Ted Liso	Al Ballesteros, MBA/ José Munoz		DHSP STAFF
Mario Pérez, MPH			Kyle Baker

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Executive Committee Special Meeting Agenda, 12/11/2014
- 2) **Minutes:** Executive Committee Minutes, 1/8/2014
- 3) **Minutes:** Executive Committee Minutes, 1/27/2014
- 4) **Minutes:** Executive Committee Minutes, 2/24/2014
- 5) **Minutes:** Executive Committee Minutes, 6/2/2014
- 6) **Minutes:** Executive Committee Minutes, 6/23/2014
- 7) **Minutes:** Executive Committee Minutes, 7/28/2014
- 8) **County Code:** Los Angeles County, California, Code of Ordinances, Title 3, Advisory Commissions and Committees, Chapter 3.29, Commission on HIV, 2013
- 9) **Table:** Commission on HIV/DHSP Work Plan, 12/11/2014
- 10) **Minutes:** CHISS Meeting, Draft Minutes, 12/2/2014

1. **CALL TO ORDER:** Mr. Rosales called the meeting to order at 10:05 am.
2. **APPROVAL OF AGENDA:**  
**MOTION #1:** Approve the Agenda Order with Item 9, Public Comment, moved to Item 4; and Item 8, Commission Comment, moved to Item 5 (**Passed by Consensus**).
3. **APPROVAL OF MEETING MINUTES:**  
**Motion 2:** Approve minutes of following Executive Committee meetings, as presented or noted: 1/8/2014; 1/27/2014; 2/24/2014; 6/2/2014; 6/23/2014; and 7/28/2014, with attendance grid revised to list Kevin Donnelly under "Public" pursuant to his then new full Commission member status rather than as alternate to Michael Johnson, Esq. (**Passed by Consensus**).
4. **PUBLIC COMMENT (Non-Agendized or Follow-Up):**
  - Mr. Pitkin asked when the next Executive meeting was scheduled. The regular meeting date would be 12/29/2014.
  - He also asked for help to fill a 15-day Atripla medication gap due to transferring his care to AIDS Healthcare Foundation.
  - ➡ Messrs. Johnson and Rosales will poll for the next Executive meeting date as the regular meeting is during the holidays.
  - ➡ Mr. Liso will send staff a HOPWA meeting schedule in response to Mr. Pitkin's query. The next meeting will be in March.

- ➡ Mr. Pitkin will forward to staff for distribution a request from Mayor Eric Garcetti's wife, Amy Wakeland, for help to replace Department of Aging, Project CARE holiday presents for seniors destroyed during the recent downtown apartment fire.

**5. COMMISSION COMMENT (*Non-Agendized or Follow-Up*):** There were no comments.

**6. CO-CHAIRS' REPORT:**

**A. Organizational Changes:**

**1. Staffing:**

- Mr. Johnson said it was initially intended to address issues in Executive Session, but they were already public so a closed session was irrelevant. He preferred open session for transparency and full discussion of issues and feelings.
- Mr. King preferred to simply move forward with the work rather than discuss feelings.
- Mr. Smith felt there had been a lack of evidential leadership in the process. While work was proceeding, most Commission members and the community at large were unaware of it. He urged communication from the Commission Co-Chairs, not on confidential matters, but on how the Commission was moving forward. He also felt the Executive Committee as a whole should participate more in the process rather than the Co-Chairs alone.
- Mr. Johnson said staffing challenges had been discussed at Executive, Board Office representatives briefed their Board Offices and the Co-Chairs coordinated with the Department of Public Health to ensure work remained on track. The Co-Chairs especially thanked Messrs. Pérez, Baker and Young, Ms. McClendon and others for their assistance in working through the County process to address issues including those that were confidential.
- There has been hurt, anger and frustration, but it is time to heal and move forward as a unified body.
- Mr. Fox agreed it was important to move forward, but also acknowledge leadership problems in the last one to two years both in completing tasks and in working together as a team. It will take time for him to be comfortable and energized about the environment again. Many people have felt shut out of the process for the last one to two years. It is important to acknowledge there often was no real input and to ensure it is part of the process now.
- Mr. Land expressed his deep support for community planning. He volunteered to help with membership interviews specifically to better understand Commission planning issues. He felt Commission members need to be better educated on how each Committee has an integral role in supporting the grants that fund services. Members also need to better understand that collectively they are the leaders and need to be the leadership they want.
- He emphasized that work has been done, decisions were made and all has been captured in the minutes.
- Mr. Lester agreed with Mr. Land that many interviewees questioned the value of their participation in leading the County in fighting HIV/AIDS. They need to understand the value of working with leadership to support the system.
- Mr. Goddard noted it was unfortunate for this time of upheaval to occur concurrent with integration. No merger is done when paperwork is signed. Work on the culture continues for several years. The Commission still has culture work to do, e.g., development of new traditions that reflect this is truly a new body. He urged paying attention to culture and treating each other with compassion and patience. He also supported strategic planning to assess whether the current committee structure supports completing work especially without an Executive Director.
- Mr. Zaldivar appreciated the Commission Co-Chairs' leadership during this crisis, but stressed it cannot happen again. It could have been devastating for the community had it continued and, in fact, should have been stopped sooner. Poor engagement left members unaware of what was happening even while they were expected to produce results. He felt all Commission members should apologize to each other for allowing that to happen.
- Going forward, he suggested a consultant to guide Co-Chairs and staff in the needed direction culminating in a strategic planning retreat. The retreat could develop a new face, direction, principles and guidelines for the future.
- Ms. Jackson noted many Commission ups and downs over the years, some worse. She urged looking past individuals to the goal. Each Committee contributes to DHSP's competitive bid for funds to provide the best plan and services for PLWH. Members can volunteer, e.g., for work groups, to understand the process better.
- Mr. Pitkin felt the Commission had lost its focus on serving PLWH. He was trying to survive and sought support.
- Mr. Stewart has seen other organizations traverse similar situations. He laid any blame against the County process. It was taking years to hire staff rather than months. Problems faced were much more severe and took much longer to resolve than would have been the case with proper staffing. The Commission is also the most compassionate he has ever worked with, but that also delayed action. Problems will diminish markedly once staff is hired.
- Dr. Younai urged all to remember who they are. All - clinicians, providers or consumers - are touched by loss. She lost two patients that week. The Commission is about compassion. She was surprised by an interview question on what she received from serving. She answered, "Nothing." After 13 years, her service was not about her, but about

PLWH. Everyone has something to contribute. Figure out what it is and do it. She agreed everyone became a bit dysfunctional for about a year, but the level of brilliance in this body over the past 10 years has been exceptional.

- Mr. Johnson noted he and Mr. Rosales were involved in a confidential process, but he apologized to all for not clearly communicating more often and the frustration, anxiety and irritation that caused. He and Mr. Rosales will work to improve communication with both the group and with its individual members going forward.
- He felt it was important to acknowledge the Commission was still relevant and many new people want to serve.
- Mr. Rosales was frustrated a long time and it was hard to let go, but he stays to help the body move forward.
- Mr. Johnson reported the Executive Office asked Ms. McClendon to move up to a larger role in the interim handling day-to-day responsibilities. The Co-Chairs concur. He added, despite all that others have had to address, no one has had more to deal with than Ms. McClendon. She has been exceptional. All sang happy birthday to her.
- Mr. Baker added he has interacted with the Co-Chairs and Ms. McClendon daily and sometimes hourly. He urged everyone to appreciate that decisions had to be made. He felt no apology was needed. Things will get better.

**B. Commission Duties and Requirements:**

**1. 3.29 Ordinance:**

- Mr. Johnson noted this was included in the packet as a reference on the Commission's duties in advising the Board as detailed under 3.29.090 Duties, page 8. These duties informed the new Commission on HIV/DHSP Work Plan.
- The new "Commission on HIV/DHSP Work Plan" was developed by Mr. Johnson, Mr. Rosales and Ms. McClendon in consultation with Mr. Pérez, Mr. Baker, Carlos Vega-Matos and Dave Young to ensure required federal, state and local deliverables are addressed in a timely manner with specific priority deliverables for the short term.
- This Work Plan forms a focused basis for future work plans developed in active communication with Committees.
- No requirements have been missed and the Work Plan will assure continued progress in this transitional period.

**C. Commission 2014-15 Tasks and Deliverables:**

- Mr. Johnson noted this Work Plan was designed to supersede prior Plans by focusing on required Ordinance or funding activities. In addition, many Committee Work Plan items were added without Co-Chair input. Each Committee does, however, have responsibilities for these deliverables, e.g., PrEP scale-up requires standards, allocations and policy.
- He acknowledged a general feeling that the Commission has been off-track and frustrated by a lack of progress in some areas. Nevertheless, it was also important to identify and communicate to the community that necessary activities were getting done and deadlines were being met in close coordination with DHSP.

**1. Operational Budget:**

- Mr. Johnson noted the Commission approved the budget pending reconciliation with DHSP's figures. The differential was approximately \$19,000 across five funding sources. The Commission agreed to use the amount reported to HRSA by DHSP which completes reconciliation and confirms approval. Despite no line item changes, the approved budget will be presented in January to ensure transparency especially due to the \$1.9 million total.
- Mr. Johnson noted the \$1.9 million budget was a framework. Line item scrutiny will continue to identify potential savings. Nevertheless, the Commission is addressing new activities as a unified body and there are new funding streams. The CDC also provided a one-time allocation increase of approximately \$390,000 to support costs associated with integration which is anticipated to produce savings and economies of scale that reduce costs.
- Mr. Smith asked about website costs. Mr. Johnson believed costs were approximately \$30,000 and are consistent with past budgets. The County requires using the Internal Services Department which has estimated costs.
- Dr. Younai asked whether the budget includes staffing costs such as for the 120-day retirees. Mr. Johnson noted consultants were discussed at length in light of the staffing challenges and they were in the budget.
- Hiring was delayed by the County's Chief Executive Officer (CEO) retirement because Sachi Hamai became Acting CEO and Patrick Ogawa, previous Deputy Director overseeing the Commission, assumed her position as Executive Officer of the Board. The transition caused delays in the staffing process for the 120-day retirees and the student worker, but Ms. Hamai and Mr. Ogawa are familiar with the Commission's needs and work was proceeding.
- Hiring fulltime permanent employees for the standard vacancies was challenging because candidates must be drawn from existing County lists. It is challenging to identify candidates who are knowledgeable and appropriate.
- Historically, 4% of the RW award was earmarked for the Commission and 6% for DHSP to help manage grant-related deliverables. The \$1.9 million budget was based on that 4% of the approximately \$30 million RW grant for \$1.2 or \$1.3 million, the historical CDC Prevention Cooperative Agreement allocation of approximately \$300,000-\$400,000 to support the Prevention Planning Committee and a few hundred thousand dollars in other grants.

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- DHSP has been working with the Commission to base the budget on actual need, not simply available resources. The next few weeks offer an opportunity to account for the \$19,000 gap and finalize the budget. It must be filed with the County and on record at DHSP so DHSP can pay the Executive Office for Commission billings back to July.
- ➡ Mr. Young will have the final Commission budget and FY 2014 Financial Expenditures completed in the next few weeks for presentation to the Executive and PP&A Committees in January 2015.
- 2. **CHISS Grant:** Ms. McClendon said the Annual Progress Report for CHISS, the HOPWA grant, was submitted. Feedback was received and corrections will be submitted by end of week. Minutes for the last CHISS meeting were in the packet.
- 3. **Annual Board Report:**
  - Mr. Johnson said this task was not done both due to staffing challenges and because it was a new task. He and Mr. Rosales will meet with the Executive Office to identify expectations in light of a new CEO and two new Supervisors. Some education on the complexity of Commission responsibilities will likely be needed to inform expectations.
  - Committees should have intentional discussions on the most necessary Commission goal Report topics in light of the changing landscape, patient migration and data provided by DHSP. Some subjects may need to be cross-walked with the Department of Health Services and how the Commission works with plans in the County.
  - Protocol on Board Office interaction should be reviewed including coordination with Commission Supervisorial District representatives and clear identification of speaker affiliation for each interaction, i.e., as Commission member, provider or community member. Board Offices, especially for new Supervisors, will also benefit from education on Commission work, responsibilities and, in particular, PrEP.
  - ➡ Each Committee will identify its priorities for inclusion in the Commission's Annual Report to the Board (designated Commission responsibility, County Code). Commission Co-Chairs and Ms. McClendon will coordinate with Patrick Ogawa, Executive Office, on desired content. Mr. Fox volunteered to assist in Annual Report development.
- 4. **CDC HIV Prevention Grant APR:**
  - The APR will be due in March 2015. A community review can be scheduled though the APR is highly technical. Mr. Pérez added it would also be important to begin review of the CDC's five-year plan.
  - ➡ Commission Co-Chairs will schedule a community review for the APR.
- 5. **Other:**
  - Mr. Fox asked if the FY 24 allocations task pertained to re-allocations of savings due to migration. Mr. Johnson replied it was. The multiple Commission actions lack a clear paper trail, but Ms. McClendon was preparing one.
  - Mr. Pérez noted the three key funding cycles: Ryan White (RW), 3/1-2/28; CDC, 1/1/-12/31; County, 7/1-6/30.
  - DHSP discussed YR 23 spending with the Commission last summer particularly as it complimented Net County Cost (NCC) Maintenance of Effort (MOE) expenditures. The 7/28/2014 minutes reflect discussions on maximizing the RW YR 23 award and some discussions on the YR 24 award.
  - RW FY 24 will end in approximately 75 days and investments must be reported out to HRSA. YR 24 saw a \$1.75 million increase. That was discussed and a strategy developed to add resources to some categories. The strategy will be heard by the Board 12/16/2014. Allocation percentages change when funds are added to allocations from 10 months prior so the total award and percentages for each category must be reconciled.
  - Final FY 24 allocations can be used as the allocations starting point for FY 25 which begins 3/1/2015.
  - DHSP will continue to provide financial expenditure reports to the Commission which detail allocations, expenditures based on DHSP contracts and projections based on those spending patterns.
  - Mr. Pérez noted PP&A facilitated a conversation to explore program and service recommendations, particularly for FY 25, to invest underutilized resources so determinations can be made earlier in the process. DHSP was reviewing recommendations and will offer feedback. Underutilized funds were expected to be less than first thought.
  - Regarding PrEP scale-up, Mr. Johnson said it was important to communicate to the Board, community and Commission partners that PrEP is a key priority. The challenge was to do that effectively and appropriately.
  - Some protocols on communicating with the Board are detailed in the Ordinance, but the Commission also has Board Office representatives. The Commission as a whole fully communicates with the Board through its Co-Chairs or as specifically directed by the Executive Director, e.g., via a letter. The Co-Chairs have occasionally authorized a letter from Committee Co-Chairs on a particular topic when the expertise of that Committee was pertinent.
  - There was some unfortunate dialogue concerning PrEP with one Board Office during which some commitments were made without Board Office representative knowledge. Individual Commission members can always speak with Board Offices, but should not identify as speaking for or on behalf of the Commission to ensure consistency.
  - Mr. Zaldivar said he visited Board Offices as part of community-based organization conversations including, e.g., AIDS Project Los Angeles. It was made clear the group did not represent the Commission. Mr. Johnson added

someone speaking as a provider can also note if the Commission is addressing a topic and offer to forward contact information to the Commission for updates on discussions as they occur.

- Mr. Rosales suggested coordinating with Public Policy on a PrEP informational packet since the Commission has taken a position. Mr. Fox added the resolution was adopted but, due to circumstances, Commission action stalled. The Commission can now start having that conversation and ensure everyone was on the same page.
- Mr. Zaldivar felt Commission Co-Chairs could advise Commission members on proper identification and remind them of their responsibility to interact with, and lead within, the community while reporting input to Co-Chairs.
- For example, Supervisor Mark Ridley-Thomas' Board Office requested a Health Deputies PrEP briefing especially in light of the new Supervisors. Commission and Public Policy Co-Chairs could send a letter offering such a briefing.
- Mr. Johnson noted the Commission's formally approved resolution is a public document that can be disseminated. He suggested consulting with the Executive Office on a broader strategy. The Commission has neither a Standard of Care nor allocation and cannot cross the line by addressing procurement, a grantee responsibility. Agencies may also be excluded from a solicitation if they discuss procurement before that mechanism is in place.
- Mr. Land, Board Office 5 Representative, noted he should be prepared when he visits his Board Office. The Supervisor and Deputy are aware of the resolution, but FY 25 allocations are not done to move the issue forward.
- Mr. Pérez clarified that biomedical interventions are not eligible for RW funding. Mr. Fox confirmed RW funding was not part of the resolution. He felt there had been internal barriers that restricted Commission action to the resolution while DHSP developed cost modeling. He felt barriers were gone so Public Policy could now host a PrEP meeting with Commission members, DHSP and the community to develop a consistent message moving forward.
- Mr. Johnson added it was also important to remember the Commission is a planning body: for standards, best practices, Priority-and Allocation-Setting, the AAM, public policy that impacts planning and staff. That is not always as exciting as advocacy and switching hats can be challenging, but it works on behalf of the Board and the County.
- Mr. Rosales reported DHSP will likely present the Medical Care Coordination (MCC) assessment in January with lessons learned over the past two years. Dr. Younai noted MCC Standards of Care will likely need to be revised.
- The Comprehensive HIV Plan (CHP) Task Force continues CHP work. Commission Co-Chairs are also offering input.
- The Core Medical Services Waiver to allow expending less than 75% of funds on such services will be due to HRSA in March. The grantee must provide letters from other California agencies. Commission support was on record.
- The Commission has requested Technical Assistance for a Native American needs assessment consultant. It is anticipated a consultant will be identified, if not procured, in the next three to four months.
- Regarding the Membership Training Plan, Mr. Johnson noted the Annual Meeting identified a need for more training. An extensive Comprehensive Training Plan (CTP) was developed several years ago, but has not yet been updated. Mr. King reported Operations was reviewing it, but wanted clarity on what HRSA wanted.
- Mr. Baker discussed training with Dr. Michael Green. HRSA had no specific requirements or Conditions of Award. There was no follow-up on HRSA's discussions with Craig Vincent-Jones. Messrs. Johnson and Rosales discussed integration with the Project Officer including possible post-integration training needs, but there were no specifics.
- ➡ Commission Co-Chairs, DHSP and Public Policy will develop a Board Office Commission primer including PrEP.
- ➡ Commission Co-Chairs will coordinate with Messrs. Land and Smith to provide Annual Meeting input for Operations' revision of the Commission members' CTP. The revised CTP will address prevention.

#### **D. Committee Management:**

##### **1. Meeting Minutes:**

- Mr. Johnson noted Ms. Nachazel was continuing to bring minutes up to date with a focus on those most critical.
- Mr. Smith felt brief summaries would be a more efficient use of time, but Mr. Johnson noted actual minutes, approved by each body, are required by the County and the Brown Act for bodies such as the Commission.
- Mr. Johnson suggested a review of Next Steps and action steps at the end of each meeting would help.
- Mr. Land added PP&A had not had minutes for a year, but was getting caught up. Prior minutes were very helpful in identifying decisions pertinent to work now, but also act as tracking documents on decisions that have since been mitigated or are no longer relevant to coordinating work with DHSP. Every decision or action is reported.
- He felt Co-Chairs can assist staff by identifying items for Ms. McClendon to coordinate into a grid as he has done.
- Mr. Pérez noted there have been conversations over time on how much specificity was needed for minutes versus current staffing realities. The County system for hiring staff takes time so new staff are unlikely in the near future.
- Ms. Nachazel commented minutes vary in time required based on the body, length of the meeting and subjects, e.g., meetings with complex presentations take longer to synthesize. Comments on a topic scattered throughout a

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meeting were summarized under the agenda heading and multiple similar comments were combined. Brief action summaries were also prepared for Mr. Vincent-Jones with pertinent discussions memorialized in the minutes.

- Mr. Stewart noted minutes are not only a County requirement, but a Brown Act requirement and its requirements are far more extensive and detailed than others, almost to the point of a transcript. Current minutes meet requirements, but changes have been made in the last few years which may allow some streamlining.
  - Ms. Nachazel requested guidance for reductions. Currently, any reasonable concept discussed is reported, if only briefly, both to reflect the community nature of the body and memorialize concepts that may be returned to later.
  - Mr. Stewart noted normally minutes do not ascribe statements to individuals because they are discoverable documents and can lead to litigation. The Brown Act, however, requires statements to be attributed.
  - ➡ Mr. Stewart will review requirements for Brown Act meeting minutes and report back to Executive..
  - ➡ Ms. Nachazel will forward meeting summaries to Ms. McClendon previously provided to Mr. Vincent-Jones.
2. **Meeting Agendas:** ➡ Co-Chairs will draft agendas for their bodies. Agendas will be simpler and reflect available time..
3. **Committee Work Plan:** There was no additional discussion.

E. **Member Representation:** There was no additional discussion.

F. **January 8, 2015 Commission Agenda:**

- ➡ Committee topics for the 1/8/2014 Commission meeting will be: Operations, review of CTP for Commission feedback; PP&A, Dr. Wohl will bring today's Executive Motion 3 on LACHNA for ratification to initiate the process; Public Policy, review possible new bills; SBP will have nothing for January, but several items for the February Commission meeting.
- ➡ Mr. Fox will also provide an update on ongoing meetings with Dr. Ron Chapman, Director, California Department of Public Health (CDPH); Gil Chavez, Deputy Director, Center for Infectious Disease (CID), CDPH; Dr. Karen Mark, Chief, Office of AIDS (OA), CID, CDPH; AIDS Project Los Angeles; and Project Inform on ongoing issues with OA-HIPP. Communication with OA-HIPP staff is poor and payment delays have resulted in loss of insurance coverage for consumers. OA acknowledged a shortage of staff, the need to shift to an electronic system and an outside pharmacy benefits administrator. Advocates are seeking short- and long-term plans. A follow-up call was planned.
- ➡ Ms. McClendon will follow-up with OA to ensure its written report is available for the 1/8/2014 Commission packet. Submission has not been timely for several recent Commission meetings.

1. **Colloquia:**

- Ms. McClendon requested clarity on whether the January agenda would include a colloquium. .
- Mr. Fox recommended a presentation on HIV decriminalization by The Williams Institute. Education would be valuable. The Commission has not discussed the topic recently and there may be legislation in 2015.
- Mr. Johnson agreed an ACA update was critical, but also urged addressing the undocumented or those essentially uninsured who are key to the Commission's charge. He requested a Department of Health Services update on My Health LA. Overall, PLWH are excluded as covered by Ryan White, but it only covers HIV-related services.
- ➡ The 1/8/2014 Commission meeting colloquium topic will be the Transgender Population. The topic has been developed by the Transgender Caucus and was previously postponed.
- ➡ Future potential colloquia topics are: ACA update; Native American Population; and HIV Decriminalization, (possible Williams Institute and Lambda Legal presentation per Mr. Fox; additional information from AIDS Healthcare Foundation, per Ms. Jackson.)
- ➡ Public Policy will review information from the Department of Health Services on My Health LA prior to possible presentation as a colloquium. My Health LA provides health care for the uninsured poor excepting PLWH/A.

7. **DIVISION OF HIV and STD PROGRAMS (DHSP) REPORT:**

- Mr. Pérez reported the Board has approved needle exchange contracts. DHSP was moving forward with six local providers.
- A Board Letter was also submitted to request increased funding for: Benefits Specialty Services, 13 providers; Oral Health Care, 1 provider; Ambulatory Outpatient Medical, 3 providers; and Nutrition Support Services, 3 providers. Nicole Werner has forwarded the Board Agenda item to Commission members. YR 24 allocations would be used for the increase.
- Mr. Land asked about permanent Commission representation at Health Deputy meetings. Mr. Johnson replied the meetings review health-related items on the next week's Board Agenda. The Commission has attended when an item pertained to it or DHSP requested such participation. That has worked efficiently to date. The meetings are also open to the public.

8. **STANDING COMMITTEE REPORTS:**

A. **Operations Committee:**



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### 1. Priority Task List and Deliverables:

#### a) Membership:

- Mr. King reported Operations has conducted approximately 30 new and renewing candidate interviews with five more interviews planned. A slate was anticipated for the February Commission meeting.
- Mr. Johnson reported the Executive Office wanted greater involvement in selection of Commission member nominees and Supervisorial District coordination to ensure HRSA-required reflectiveness.

#### b) Comprehensive Training Plan (CTP):

Operations will be revising the CTP.

#### c) Assessment of the Administrative Mechanism (AAM):

Operations will also be advancing work on the next AAM.

#### d) Other:

The previously noted priorities are the primary focus at this time.

### B. Planning, Priorities and Allocations (PP&A) Committee:

- Mr. Johnson noted Al Ballesteros, Co-Chair with Mr. Land, will be on sabbatical until 3/6/2015.
- Mr. Land will coordinate meeting topics with DHSP. Some additional meetings may be needed to meet timelines.

#### 1. Priority Task List and Deliverables:

##### a) Los Angeles County Coordinated HIV Needs Assessment (LACHNA):

- Mr. Land reported PP&A has worked closely with Dr. Amy Wohl in developing a LACHNA framework including an intense focus on unmet need and how to incorporate prevention.
- PP&A has approved the framework and was presenting it for Executive approval on behalf of the Commission. The next Commission meeting will not be until 1/8/2015 so approval now will allow Dr. Wohl to initiate work.

**Motion 3:** Approve the Los Angeles County Coordinated Needs Assessment (LACHNA) Framework as presented by Dr. Amy Wohl at the 10/28/2014 Planning, Priorities and Allocations Committee meeting on behalf of the Commission (*Passed by Consensus*).

##### b) Financial Expenditures:

There was no additional discussion.

##### c) Service Category/Intervention Recommendations:

There was no additional discussion.

##### d) FY 2014 Allocation Modifications:

There was no additional discussion.

##### e) FY 2015 Priority- and Allocation-Setting (P-and-A):

Mr. Land reiterated PP&A continues work with DHSP to coordinate P-and-A process input, e.g.,: review of final FY 2014 allocation percentages; DHSP presentations on Medical Care Coordination, Financial Expenditures and service clusters; presentation of SBP service delivery definitions; and review of the Service Intervention Recommendations grid with DHSP.

##### f) Comprehensive HIV Plan (CHP):

There was no additional discussion.

##### g) Native American Needs Assessment:

There was no additional discussion.

##### h) Other:

There was no additional discussion.

### C. Public Policy Committee:

#### 1. Priority Task List and Deliverables:

##### a) PrEP Scale-Up:

PrEP educational information is being developed with Commission Co-Chairs and DHSP.

##### b) Other:

- Public Policy is also reviewing My Health LA and its potential to include PLWH.
- Pertinent legislation will be reviewed as needed especially after the start of the 2015 legislative session.

### D. Standards and Best Practices (SBP) Committee:

#### 1. Priority Task List and Deliverables:

- Dr. Younai requested volunteers to assist SBP address priorities especially until new SBP members are assigned.
- Mr. Johnson suggested Committees also use the option to nominate non-Commission members for appointment directly to Committees. Co-Chairs can contact Ms. McClendon for the application.

➡ Volunteers to assist SBP were: Ms. Rotenberg, prevention; Messrs. Land, Liso and King, serve where needed.

##### a) Standards of Care (SOCs):

- Dr. Younai said publishing SOCs is a key priority. Some may be combined as service categories are redefined.
- Traditionally much of the Committee's work was accomplished through work groups. She supported that approach because it allows several subjects to be addressed simultaneously with coordination at the Committee level. That is especially helpful for SBP since its topic areas are intertwined, e.g., SOCs are intimately related to service category definitions, social determinants and population-specific guidelines.
- She recommended an SOC Publication and Marketing Work Group to finalize standards, develop consumer summaries and develop a marketing strategy such as that for the Homeless Standards of Excellence.

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- An Evaluation Work Group could develop best practices and measure standard outcomes. Mr. Johnson added that information is particularly important for the Annual Report to the Board in delineating effectiveness.
  - Mr. Goddard agreed publishing the SOC's can influence ACA providers outside the Ryan White system. He was concerned, however, that SBP work was very technical. It will require significant effort especially over the next six months unless consultants can assume work previously done by the Executive Director. Ms. McClendon noted consultant funding was available and one or two consultant requests were being reviewed.
  - Dr. Younai added a few SOC's were especially critical, e.g., Linkage to Care. Prevention also needed to be incorporated into all SOC's. Mr. Goddard suggested a Prevention Work Group, but Dr. Younai replied the goal is to incorporate it into primary care. Sometimes incorporation is easy, but others times it is very complex.
  - Ms. Nachazel noted "subcommittees" and "work groups" were being discussed interchangeably, but are administratively distinct. Subcommittees are Brown Act bodies requiring full minutes and may include any number of the establishing Committee's members. Work groups are not Brown Act bodies so do not require minutes. They may not reach quorum of the establishing Committee, but may include any number of others.
- ➡ Agreed to use work groups to more effectively accomplish SBP priorities.

**b) Service Category Definitions:**

- Mr. Johnson urged finalizing the service definitions as the top SBP priority. They are critically needed to inform PP&A's current P-and-A process as well as SOC work itself.

➡ Agreed that service category definitions will be SBP's first priority.

**c) Social Determinants Framework:** There was no additional discussion

**d) Population-Specific Guidelines:** There was no additional discussion

**e) Other:** There was no additional discussion

### 9. CAUCUS REPORTS:

- A. Consumer Caucus:** Mr. Liso reported the Caucus would meet after this meeting. Priority topics would be the Covered California formulary and Caucus input for the Annual Report to the Board.
- B. Transgender Caucus:** The Caucus was looking forward to presenting to the Commission on the transgender population.
- C. Youth Caucus:** The Caucus was working with Mia Humphries to develop additional youth-adult partnership training for Commission members similar to that presented at the Commission last year. The April 2015 Commission meeting will include a focus on youth and the Caucus will also be working with the individual Committees.

### 10. NEXT STEPS:

There were no additional next steps.

### 11. ANNOUNCEMENTS:

There were no announcements.

### 12. ADJOURNMENT:

The meeting adjourned at 1:00 pm.